

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

AND  
FILED

REINSTATEMENT

Secretary of State

NOV 20 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000488

Name and Mailing Address

0007445 01 FP 0.352 \*\*PRSR T3 0 0615 32579-211619

MEYER PROPERTIES, LLC

19 BAYSHORE DR.

SHALIMAR FL 32579-2116



2. New Mailing Address

19 Bayshore Dr.

City, State, Zip

Shalimar FL 32579

Principal Place of Business

19 BAYSHORE DR.  
SHALIMAR FL 32579

3. New Principal Place of Business Address

Same

City, State, Zip

Same

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/10/2001

6. FEI Number

59-3696590

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

PERRI, DANIEL C  
4 ELEVENTH AVE., STE. 1  
SHALIMAR FL 32579

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10.4.02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MEYER, F. SCOTT	19 BAYSHORE DR.	SHALIMAR FL 32579

000008875470  
11/07/02--01078--008 \*\*150.00

000008875470  
11/20/02--01066--015 \*\*150.00

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date

Daytime Phone #

850-651-7060

Typed or printed name of signing Managing Member/Manager

Frederick Scott Meyer